

Application #

**TOWN OF ACTON  
HISTORIC DISTRICT COMMISSION**  
472 Main Street, Acton, MA 01720

TOWN CLERK, ACTON

**APPLICATION FOR CERTIFICATE**

This information will be publicly posted on the Town of Acton website docushare.

Applicant Kathy Acerbo-Bachmann Telephone 617-309-892

Address 90 River St., Acton, MA 01720 E-mail Kacerbobachmann@trinitychurchboston.org

Property owner and address  
(if different from applicant)

Location of Work

No.

Street

District: Center West South

Pursuant to Ch. 40C of the General Laws of Massachusetts, application is hereby made for issuance of a Certificate for work within a Local Historic District.

Description of Proposed work:

(See instructions for additional information required)

C.N.A. - 1) replacement of 3 tab gray shingles on roof w/ identical 3 tab gray shingles to repair storm damage  
2) replace broken bricks on chimney w/ identical

The undersigned hereby certifies that the information on this application and that any plans submitted herewith are correct, and constitute a complete description of the work proposed. I acknowledge, by my signature below, that this application and all its data will be publically posted on the Town of Acton website docushare.

Signature of applicant [Signature] Date March 27, 2012

Application received by \_\_\_\_\_ for HDC. Date

Certificate approved by \_\_\_\_\_ Date  
for Historic District Commission

Certificate of appropriateness not required (Certificate of Non-Applicability issued)